

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015178

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 143

FILED MAY 6 1963

## 1. PLACE OF DEATH

a. COUNTY

Calloway

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR TOWN

Fulton

Length of stay in 1b

6 yrs

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Fulton State Hosp

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Boone

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Columbia

d. STREET ADDRESS

(If outside, give location)  
905 E. Broadway

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First William

Middle

Last Penny

4. DATE OF DEATH

Month April

Day 30

Year 1963

## 5. SEX

Male

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-23-1885

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

Livestock Dealer

## 11. BIRTHPLACE (City and state or country)

Peter West, Scotland

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Penny

## 13b. MOTHER'S MAIDEN NAME

Helen Durean

## 14. NAME OF HUSBAND OR WIFE

deceased - unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

unk

## 16. SOCIAL SECURITY NO.

85

## 17. INFORMANT

Hospital Records, Fulton Mo

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary Emboli

## INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.

## DUE TO (b)

Pneumonia, Bronchial

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Brain Syndrome

## PART III. If deceased was female - was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from Sept 5, 1957 to April 30, 1963 and last saw him alive on April 30, 1963. Death occurred at 9:35 P on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

R.E. Lawrence M.D.

## 22b. ADDRESS

Fulton State Hospital

## 22c. DATE SIGNED

4/30/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

May 3 - 1963

## 23c. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

## 23d. LOCATION (City, town, or county)

Columbia

## (State)

Illinois

## 24. FUNERAL DIRECTOR

Address

Lawrence Funeral Service

## 25. DATE RECD. BY LOCAL REG.

May 1 - 1963

## 26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1 0147

2 0109

3

4 0

5 2

6

7 2

8 2

9491X

10

11

12 73-0

13 1-0

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 16752

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.